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Original Communications.

ON THE USE OF ELECTRICITY IN POST-PARTUM
HÆMORRHAGE.

BY CHAS. W. EARLE, M.D., CHICAGO, ILL.

MRS. M., an American lady, living on Sangamon street, in this city, summoned me, Dec. 9th, 1871, to attend her in confinement. I found her suffering from the usual cutting and annoying pains of the first stage, and in every respect in a fair condition, except a want of power in the pains.

On the morning of the 10th, Dr. Byford visited her (she having been under his treatment for uterine difficulty for some months previous to her pregnancy), and, excepting the uterine inertia spoken of above, expressed himself satisfied with her condition. He advised, however, if the labor was not concluded in a few hours, the use of forceps.

About 4 P.M., the uterus seeming powerless to complete the work, and,

some twenty hours from the commencement of her labor, she was delivered, without any trouble, by the use of instruments.

As is my custom, a half drachm dose of fluid extract of ergot was administered, and, the after-birth complete was delivered in about fifteen minutes.

Without moving her from the position she was placed in for instrumental delivery, I sat down by the bedside to watch the condition of the uterus for one hour before putting on the binder and taking my departure. There had been such inertia of the womb during the entire labor that I was fearful of what my patient very soon experienced.

Without any premonition whatever, the uterus ceased its contraction, and

a stream of blood, apparently as large as half my arm, came pouring from the vagina.

I immediately introduced my right hand to the fundus of the womb, and, with my left, tried to compress the descending aorta, giving orders at the same time to the attendants to administer more ergot, to lower the patient's head, apply cold water to the abdomen, and procure a piece of ice for inserting into the uterus. All this was done rapidly, and in much better order than is usual in such cases. But what a change there was in my patient! In two minutes she had changed from a most favorable condition—indeed, from a joyous and happy one—to an exsanguined, bloodless and pulseless state; apparently, she was moribund.

In addition to what I had already done, I gave what stimulants could be found in the house; and, keeping my hands in the position noticed above, as the most effective way of stopping the largest amount of blood, sent immediately for Dr. I. N. Danforth, who lived in the immediate vicinity. He came forthwith, and, relieving me from my most fatiguing position, suggested port wine and carb. ammonia as the stimulant. Ergot had been given freely; ice, externally and internally, had been used; compression resorted to; stimulants and nourishing broths administered; but the hæmorrhage did not cease. Nothing, up to this time, had produced a good, strong continuous contraction of the uterus. Dr. Danforth now advised electricity; and in a very few minutes a battery was at hand; and placing one pole over the sacrum, and the other over the uterus, the current was commenced.

The effect was instantaneous and almost marvelous.

The uterus *contracted firmly*; the *hæmorrhage ceased immediately*; and as long as the electrical current was continued, the uterine tumor remained hard, and of proper size.

It was necessary, however, to keep up the current for some time; for, as soon as we ceased using the electricity, the womb softened, and blood commenced to flow. It was above twelve hours before we ceased using the instrument altogether. At that time the adynamic condition of the entire system, and uterus especially, seemed to be overcome, and we felt safe in leaving our patient.

The lady was saved, and made a very comfortable convalescence. Electricity certainly contributed largely to the favorable result.

As I am preparing these pages for publication, Dr. Danforth informs me that he has had a case in his own practice, in which electricity was supplied.

The indications for treatment were so marked, and the physiological application of electricity attended with such beautiful results, that I feel that my article will be made of double importance to the profession by its insertion.

He very kindly places the notes of the case at my disposal, which I give entire.

"October 13th, 1872, I was called upon to attend Mrs.—, a lithe, active, healthy brunette, about twenty-three years of age, in her first confinement. The patient was, and is, alike remarkable for her quick, active movements and powers of endurance, and for her slight physical proportions and fragile appearance. She passed through

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gestation with very little inconvenience, superintending her household affairs to the day before her labor, and maintaining her wonted cheerfulness and vivacity, not only to her sickness, but well *through* it. In view of the fact that my patient was so unusually small, I apprehended a long and probably tedious labor; but comforted myself with *another* fact, that I have many times observed, namely, that a brunette will endure a far more tedious labor, and retain her strength and courage much longer, than a blonde; hence, I felt warranted in hoping for a favorable termination. *

"Labor began about the middle of the afternoon of the twelfth—or, perhaps, it is more correct to say premonitions of labor, since nothing but "teasing" pains occurred till the evening was somewhat advanced. About nine o'clock in the evening, an examination disclosed a natural presentation, a very small amount of liquor amnii; and the os uteri dilated to the extent of about one inch; pulse natural, and the patient's condition quite satisfactory. About twelve o'clock, the os was fully dilated, and the head passed the upper strait, and shortly passed forward to the perinæum, which still remained quite rigid and unyielding. But as the pulse was yet perfectly normal, and the strength did not appear to flag, I saw no occasion for alarm. The pains continued with regularity, and everything

progressed quite as well as I had anticipated, up to about four o'clock on the morning of the 13th. About this time, the patient began to show the evident results of a hard night's work, and indications of the not far distant exhaustion of her capital stock of strength, in spite of our efforts to sustain her by concentrated nourishment. The pulse had risen to 100; the patient looked weary; the temperature began to rise; and a nervous restlessness took the place of her former cheerfulness. But, as the perinæum was not yet in a favorable condition, I felt constrained to postpone delivery a while longer, although convinced that a forceps delivery would be necessary. At the end of another hour (about five o'clock) the patient's symptoms were as follows: Pulse 120; skin hot and dry (the actual temperature was not taken); complains of thirst; looks weary and restless, and begins to feel discouraged; occasionally draws a long sigh, to give expression to her exhaustion; and is "fidgety," nervous, and impatient. The vagina begins to feel hot and dry, but the parts are quite well dilated, and the head is within easy reach of the forceps. Believing it to be my duty to deliver without further delay, I at once applied the forceps, and accomplished the delivery of the child, a healthy boy, without accident, and with the expenditure of far less force than I expected. In a few minutes, the placenta was expelled naturally, the uterus contracted promptly; the usual bandage and compress was applied; the patient expressed herself as "feeling comfortable;" and I congratulated myself upon the fortunate issue of the case. After sitting awhile—perhaps twenty minutes—by the

* I think the majority of physicians will bear me out in the statement that women of dark complexion are far more likely to have longer, as well as more severe, labors, than those with light skins; also, that they generally make quicker and more perfect recoveries, and manifest greater resistance to septic influences. Did space permit, I could adduce many proofs of this.—I. N. D.

bedside, I had occasion to leave the room, and was absent, I imagine, for another twenty minutes. As I re-entered the room, the patient *gasped*, rather than *said*, "Doctor, how dark everything looks." Placing my left hand upon the abdomen, I felt the uterus distended and swollen, with an enormous coagulum, which I turned out by thrusting my right hand into the womb with all possible expedition. I then attempted to secure contraction by intra-uterine irritation with the fingers, and by "teasing" the organ through the abdominal wall. But, although the uterus would feebly contract, it would immediately relax again, and the loss of blood continued until my patient seemed upon the very verge of death. Meantime, I had sent for my battery, which was happily near at hand, and was, therefore, quickly at the bedside. I immediately applied one pole over the uterus, and the other over the spinal column. The result was simply magical; never in my professional experience have I seen approaching death so promptly arrested, or felt such a burden of anxiety lifted from my shoulders, as it were, in a moment. Under the electric goad, the flabby and toneless uterus immediately became a hard, round ball, no larger than my two fists, and the bleeding ceased. Of course, the pillows were taken away, the foot of the bed was raised, and brandy, beef-tea, and milk, were alternately administered, as fast as I thought the stomach would retain it. *

* I think, in cases of severe hæmorrhage, with extreme exhaustion, the mistake is often made of pushing stimulants and nourishment too fast. The stomach itself shares in the general exhaustion, and cannot perform its duties as rapidly as usual. Hence, we are likely to have overloading and vomiting.—I. N. D.

"After the application of a gentle current, for ten or fifteen minutes, the poles of the battery were removed, and I sat down to watch the uterus, with my hand upon the abdomen. *Relaxation came on again after a very short time, and the organ commenced refilling with blood.* Several times more, in course of the succeeding three or four hours, I attempted to suspend the use of the battery, but with precisely the same results. It was well along in the afternoon of the 13th, before I dared leave my patient, or cease using the battery. In fact, I was obliged to "hold on" to the womb with electricity, until, by virtue of stimulants and beef-juice, it had acquired strength and tone enough to take care of itself. I am profoundly impressed with the conviction that I should have seen this patient die before my eyes, but for electricity. The pulse was gone; a mere "flicker" was perceptible to the ear over the heart; she was blanched, bloodless, and speechless; in fact, she was in profound collapse, with extreme uterine inertia; and the blood was still passively draining from the flaccid uterine sinuses, in spite of the vigorous application of the ordinary measures within my reach. At this point, the battery came, and the case assumed another aspect. Instead of standing helplessly by, resorting to futile expedients, I became at once master of the situation. For the electric current does more than merely to whip up the uterus, and make it contract; it gives a fillip to the whole nervous system, and arouses it to another effort in its own behalf; it causes the heart to contract more forcibly, and thus sends the starving brain a new supply of blood; it seems, in some sort, to fur-

nish a momentary "motive power" to the whole machine, thus giving the patient one more chance of life. Meantime, we are trying to restore the elements of the blood as fast as possible, by various forms of concentrated nourishment."

In conclusion, I will merely add that Mrs.—— made an excellent recovery, without accident or mishap of any kind.

In presenting the preceding cases of post-partum hæmorrhage to the profession, in which very marked beneficial results are claimed for electricity, I do not wish the reader to think for a moment that I wish to undervalue the powerful remedies which are ordinarily used with good success in these critical cases, or that I wish to give electricity undue prominence.

We all recognize the fact, that severe flooding after childbirth places our patient in a most perilous condition. It is an occurrence that demands all the nerve, skill and presence of mind which we possess.

We must not make any mistakes. We have no time to consult authorities. And none of us should dare to enter the lying-in chamber without a knowledge of every agent of service in post-partum hæmorrhage, and the power to promptly and intelligently use them.

To make this article as useful as possible, and to show that electricity has not been recognized by many of our prominent authors and teachers as an excito-motor stimulant of the highest power, I make the following extracts:

* Dr. Elliot expresses his conviction,

* Obstetric Clinic.

tion, that deaths from post-partum hæmorrhage rank among the most preventable causes of death, and regards the practitioner responsible for proper treatment. His practice, as recorded in his writings, seems to me to have been particularly good, and worthy to be followed. It is decidedly against hurrying away from the bedside after delivery, as I am afraid is the custom of many.

Ergot, the hand in the uterus, and cold, in case post-partum hæmorrhage takes place, and the retention of the hand over the fundus for some time after the delivery of the placenta, in every case, as a matter of safety, will be found recommended in his work. He does not speak of electricity.

Schroeder, in a very recent work,* does not mention any new theory, nor does he speak of electricity. He relies largely upon pressure, and gives ergot, but does not trust the drug absolutely.

Dr. Meadows † relies on stimulants, the hand in the uterus, the cold douche, ergot, and, lastly, transfusion. He does not mention electricity.

Prof. Byford ‡ speaks of post-partum hæmorrhage as one of the most fearful and appalling accidents which can befall a woman. "Atony," he remarks, "is the condition of the uterus in which it occurs."

Ergot, grasping and kneading the uterus, ice, or ice-water, to the abdomen, or in the uterine cavity, and compression with very solid substance, like a book, sufficiently firm to close the uterine cavity, are the means employed for combating the dangerous complication.

* Manual of Midwifery, 1873.

† Manual of Midwifery, 2d Edition.

‡ Theory and Practice of Obstetrics.

Cazeaux* recommends, in obstinate hæmorrhage, the tampon; the introduction of a bladder into the womb; the approximation of the uterine walls by immediate pressure; compression of the aorta; the use of ergot; of opium; and transfusion.

In regard to the tampon, it is urged by those who advise it that it is not so much to stop the blood, as it is an *irritant* to the internal surface of the womb. It *must not* be used in such a manner as to convert an external into an internal hæmorrhage.

Bedford,† after speaking of the usual remedies used, says: "Electricity, for example, has been much lauded by certain English authorities; but you must at once recognize a very serious objection, which is the delay necessarily connected with its application, simply for the reason that the apparatus is not at hand. Often, before it could be obtained, death will have claimed its victim."

Dr. Rigby ‡ speaks of an electrical machine to produce uterine contraction after the Cæsarean section.

While speaking of most of the remedies used in post-partum hæmorrhage, perhaps I should not fail to mention the method proposed by Dr. Barnes. The solution, according to this gentleman, should consist of the following:

B.—Liq. ferri perchloridi fort, ℥ iv.
Aque, ℥ xii.

This should be thrown into the uterus, quite to the fundus, the operation being performed slowly and with care.

A weaker solution than the one

* Theoretical and Practical Midwifery,

† Principles and Practice of Obstetrics, p. 396.

‡ Obstetric Memoranda.

mentioned above has been used, by competent men, and with good results.

I should say that this operation has its evil consequences; sometimes they are experienced, and, in other cases, they have not been noticed.

When present, they are: long continued and severe after-pains; tenderness in the lower part of the abdomen; fever; weakness; and the discharge, for several days, of small particles of the iron, with small clots.

It will be observed that electricity is mentioned but twice; and, in one instance, with what seems to the author a very serious objection. The objection, at this time, can hardly be urged; for electrical machines of some kind are in the possession of very many practitioners, and, in a majority of cases, can always be procured. We should *know*, at least, that, in some cases most marked results have been accomplished by their use.

The kind of instrument used in uterine inertia is important; a galvanic current would be very much less effective than the faradic current.

In the minds of many who have not had access to recent works published on electricity, the differential indications between the two currents are both erroneous and imperfect.

Many suppose that there is a marked difference in kind; indeed, that there are two different forces.

There is very strong evidence at this time, however, for regarding the two currents as different in *degree*, rather than *kind*.

Beard and Rockwell have produced about the same therapeutic results with one as with the other; yet each current has its advantages.

One advantage of the faradic over the galvanic, is its frequent interrupt-

ions. This current should be used in uterine inertia. When we wish to produce full muscular contraction, and in muscles which are not diseased, as we shall see presently, the faradic is the current indicated.

Beard and Rockwell give the following general differential indications for the use of the two currents:

"The galvanic should be used—

"1st, To act with SPECIAL ELECTROLYTIC POWER on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system;

"2d, To produce contractions in paralyzed muscles that fail to respond to the faradic.

"3d, In electro-surgery, to produce electrolysis or cauterization.

"The faradic should be used—

"1st, To act MILDLY on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system;

"2d, To excite muscular contractions wherever the muscles are not so much diseased as to be unable to respond to it;

"3d, To produce strong mechanical effects."*

The practical points which I wish to bring out in this article, are the following:

1. Post-partum hæmorrhage being an exceedingly dangerous conclusion to labor, and liable to take place when we least expect it, we should always be prepared to combat it. We should remain by the bedside of our patient at least one hour after delivery, and should repeatedly satisfy ourselves that the uterus has firmly contracted.

2. Every practitioner should be perfectly familiar with the ordinary methods of treating post-partum hæmorrhage; *he should have ergot with him at confinements*, and, when it is possible, should have ice at hand, in readiness for use.

3. From the known physiological action of electricity, and clinical observation of a few recorded cases, the indications for treatment in uterine inertia are best met, and most safely combated, by the use of the faradic current.

DELIRIUM TREMENS.—FATTY DEGENERATION.

CLINICAL CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL. SERVICE OF PROF. N. S. DAVIS.

WITH the table filled with a number of fresh morbid specimens, the lecturer addressed his class substantially as follows:

Delirium tremens, or that form of temporary mental derangement caused by the use of alcoholic drinks, is, unfortunately, of frequent occurrence in almost all populous communities; and the wards of our hospital are

seldom entirely free from cases of this class. The subject from which these morbid specimens were taken was a man of intelligence, between twenty-five and thirty years of age, naturally strong, and well formed, but

* For the above rules, see a valuable work "On the Medical and Surgical Uses of Electricity," by Beard and Rockwell.

had accustomed himself to the use of alcoholic drinks for many years. It was stated by his friends that for three weeks before his admission to the hospital he had been almost constantly intoxicated, much of the time taking from one to two pints of brandy per day, while during the same time he took very little food. At the time of his admission, and for three or four days previous, he had been exhibiting all the phenomenon of *mania a potu*, or the delirium of the drunkard. When first seen in the ward, his face was pale, or rather of a purplish color; eyes sunken; the vessels of the conjunctiva distended with blood; and pupils large; the expression of countenance haggard; the extremities cool and blue; the pulse small, weak, and frequent; the stomach so irritable that almost everything swallowed was quickly rejected by vomiting, accompanied by a dark greenish fluid, mixed with mucus; and motions indicating great epigastric distress.

His mind was constantly occupied with all sorts of horrid images and phantoms; and he was much of the time engaged in a struggle to get out of bed and away from his attendants. There was constant vigilance, and much muscular agitation, or tremor. He could not be kept sufficiently quiet to permit a direct physical examination of the cardiac and hypochondriac regions; but the general symptoms justified a very unfavorable prognosis. And yet, up to that time, his friends continued to give him the alcoholic drinks.

Their further use was forbidden; the attendants were directed to use no more force in restraining him than was absolutely necessary to prevent him from doing injury to himself;

and the following prescriptions were ordered:

R.—Carbolic acid, cryst., 8 grs.
Glycerine, ℥ ss.
Tinct. digitalis, ℥ i.
Camph. tinct. opium, ℥ iijss.

Mix. Give one teaspoonful, in a tablespoonful of water, every two hours. It was hoped that this might allay the gastric irritation, steady and strengthen the heart's action, while the camphorated tincture of opium would lessen the morbid vigilance, without impairing the action of the kidneys, or endangering excessive narcotism. In the evening, the narcotic effect was to be increased by a single dose of fifteen grains each of bromide of potassium and hydrate of chloral. Tablespoonful doses of milk with lime-water, were also directed to be given, every two hours, alternately with his medicine.

On the following day, the condition of the patient was in no respect improved. The attendants had succeeded only very partially in carrying out the directions, the patient resisting the taking of either nourishment or medicine; while one of his friends had smuggled in a small bottle of what he called "good brandy," some of which had evidently been used. The matters vomited were becoming more dark and grumous; his pulse more feeble; and he died on the evening of the third day after admission. A *post-mortem* examination revealed no important morbid appearances visible to the unassisted eye, except in the stomach, duodenum, liver, and kidneys. These organs are before you, fresh as they were taken from the body. The stomach and duodenum are laid open; you see the mucous membrane, in its whole ex-

tent, presenting an intensely red and tumefied condition. In some places, where most intensely injected with blood, the surface is dark brown, and, apparently, softened. These appearances are the result of severe inflammation in the gastro-duodenal mucous membrane. And this inflammation was probably the direct cause of death.

The kidney is seen to be moderately enlarged; rather soft or flabby to the feel; and, on being laid open, the cortical, or secreting structure, is pale, and several small masses of fatty tissue at different points are observable. No analysis of the urine was made.

The liver is seen to be greatly enlarged, being more than twice its natural size. Its color is light olive, both internally and externally; and its increased bulk is plainly owing to infiltration, or deposit of fat globules, constituting the most common form of *fatty liver*. The heart is also loaded with fat; and its muscular tissue paler than natural. These morbid specimens fully illustrate the two leading effects of alcoholic drinks on the physical organization of the human body. The fatty degenerations in the liver, heart, kidneys, etc., are the result of the slow, long-continued, moderate influence of alcohol in retarding the oxydation of the carbonaceous matters of the system, and allowing it to accumulate in the form of inert fat; while the acute gastro-duodenitis is the result of the direct irritating influence of strong distilled spirits, taken in large quantities, without ordinary food.

Some have expressed doubts as to whether alcoholic drinks were capable of producing direct inflammation

of the mucous membrane of the stomach; but such inflammation is certainly a frequent complication of delirium tremens, and adds greatly to the danger of that disease. It is very generally supposed that the delirium and trembling, result from the sudden withdrawal of the so-called, stimulating drink, and the consequent anæmic condition of the brain. And it is certainly true, that, in many cases, the first indications of delirium occur from one to five days after the inebriant has been discontinued. But it is equally certain that, in two-thirds of all the cases that have come under my observation, the symptoms supervened, while the patients were still in the full supply of their accustomed drink. Whenever the alcoholic beverage is kept in contact with the brain structures, constantly retarding the molecular changes for a considerable time, while the supply of nutritive matter through the digestive organs is suspended, or greatly deficient, that perversion of function which is styled delirium tremens ensues, whether the drink is continued or not. In simple, ordinary cases of delirium, not complicated with any serious disease in the chest or abdomen, the indications for treatment are simple, and easily fulfilled. The patient should be kept at rest, with kind, persuasive, encouraging words, and as little physical or forcible restraint as possible. All alcoholic drinks should be entirely discarded, and, in their place, such medicines given as will exert a soothing, tranquilizing influence, favoring sleep at night; and such bland nourishment as will be most readily retained and assimilated. From ten to fifteen grs. of bromide of potassium, given in

solution with the same number of minims of the tincture of digitalis, every two or three hours, according to the degree of excitement, and from fifteen to twenty grains of hydrate of chloral, between eight and nine o'clock in the evening, will be all the medicine needed in most of these cases. Nourishment is of even more importance than medicine. At first, the patient should be induced to take two or three tablespoonfuls of milk, beef-tea, or other simple liquid nourishment, between each of the doses of his medicine; and after he begins to recover, the food may be more varied, and in larger quantities. In cases accompanied by paleness, constant sweating, a small weak pulse, and scanty urine, the following may be given between each of the doses of the bromide and digitalis:

R.—Carb. ammon., ℥ ij.
Camph. tinct. opium, ℥ ij.
Camph. water, ℥ iss.
Simple syrup, ℥ ss.

Give one teaspoonful every two or three hours, in a tablespoonful of water.

In cases accompanied by such persistent vomiting of thin mucus, of a green or brownish color, as indicates special gastro-duodenal inflammation, a powder containing one grain of calomel and one-quarter of a grain of sulphate of morphia, given every three hours, and tablespoonful doses of cold milk and lime-water, have often succeeded well in gaining control over both the delirium and gastric irritation. After the first day, the calomel should be omitted, and

its place supplied by five grains of subnit. of bismuth, or three grains of oxide of zinc, with the same quantity of morphia as before. In a few instances, after the mental excitement and gastric irritability had much abated, a troublesome hiccough has supervened, which has yielded to five grain doses of monobromated camphor more readily than to any other remedy. There has been, and still is, a tendency to treat delirium tremens too heroically; that is, to give too large doses of medicine, either by the mouth or hypodermically.

We cannot but regard twenty, thirty, or forty grain doses of chloral, half grain, and grain doses of morphia, or fluid drachm doses of tincture of digitalis, as dangerous and unnecessary. I have never resorted to such doses; but several cases have come under my observation in which they have been resorted to, some of which terminated suddenly fatal. About two years since, a case was admitted into this hospital, in the early stage of delirium tremens. He was a middle-aged man, of good physical development; and one of the assistants in the hospital gave him, at once, about *fifty grains* of hydrate of chloral. It was followed, in a short time, by narcotism, so profound that artificial respiration had to be maintained for three hours before he regained a condition of safety. In a disease involving so much impairment of nutritive and molecular changes, a milder medication, and more attention to nourishment, is the safer course.

RENAL DISEASE—PROBABLE TAPE-WORM.

TWO CASES FROM PRACTICE BY D. B. TRIMBLE, M.D., CHICAGO, ILL.

THE following case may be of some interest to your readers, as showing the advantage of a careful diagnosis in a serious disease, before resorting to treatment.

Mr. S., a gentleman whose family had recently moved to the city, applied to me, late in November, to prescribe for his son, a child about two and a half years old, who had been in poor health for three or four months, and attended by two physicians, at different times.

They had pronounced his case indigestion or dyspepsia, and had treated him for this disease, but with little benefit. His father informed me that he had but little appetite; was considerably emaciated; very restless, especially at night, when he would have to rise to micturate very frequently, passing but little urine at a time, and that high-colored. He said that he had no pain in the bladder, apparently, but much irritability, making the inclination to urinate very urgent. From the symptoms, I suspected some renal difficulty, and before prescribing, requested him to bring some of the urine to analyze.

On the 29th, he brought me a four-ounce bottle full of very turbid urine, which, on standing about an hour, precipitated more than a quarter of an inch in depth of a pale red, or pink, deposit. The analysis showed the following condition:

Specific gravity, 1.030. Acid reaction, by litmus paper, very strong. The microscope developed the existence of amorphous urates and pus,

very largely. Nitric acid showed a trace of albumen, but cleared the urine by dissolving the urates. On the application of heat, and the liquor potassæ, pus was precipitated. I prescribed for him, to meet the acid indication, aqua calcis; for the irritation, or inflammation of the mucous coat of the bladder, the following:

R.—Ext. pareira brava, fld.

Ext. uva ursi, fld., aa gtt. xv.

Plumb. acet., gr. ʒ.

Three times a day.

My theory was, that the urates had induced the inflammatory condition of the bladder, and the formation of pus; and the indications were to neutralize the former, and subdue the latter.

On the 5th or 6th of December, a second portion of urine was brought me, with the information that there was some improvement in the symptoms. The urine presented the following conditions:

Deposit, fifty per cent. less. Specific gravity, 1.023. Acid reaction, strong, though somewhat diminished. Amorphous urates and pus still present, but in smaller quantities, as indicated by all the preceding tests. The only additional recipe that I now gave, was bicarbonate of soda, in five grain doses, three times a day.

On December 10th, I was requested to see him, and found him somewhat emaciated, pale, constipated, and with considerable fever. I prescribed a dose of ol. ricini, and spirits nitre, to be added to his alkaline solution.

Dec. 12.—Received the third speci-

men of urine. I was informed that he was much better; rested comparatively well; sometimes not being disturbed all night to micturate. Urine more plentiful, and less irritating; fever abating. The urine presented the following characteristics:

Urine, after standing for two hours, had no deposit. Specific gravity, 1.018. Slight acid reaction. Amorphous urates had nearly disappeared; perceived a few by microscope. No albumen. No deposit of pus from heat and liquor potassæ. Urine nearly normal.

I now discontinued the fluid extracts and acetate lead, except one dose at night, and discontinued the soda and nitre. Continued the aq. calcis.

On the 17th, examined the fourth and last specimen of urine. There was no deposit after two hours. Specific gravity, 1.015. Acid reaction, very moderate. Amorphous urates and pus disappeared. Urine normal. Omitted all the former course, and, as the little patient had a poor appetite, and was debilitated, gave him Sargent's elixir of the pyrophosphate of iron, and calisaya, with the $\frac{1}{120}$ grain strychnia, twice a day, under which treatment he is rapidly improving.

From reading your cases of tænia in the December 15th number of THE EXAMINER, I am induced to give you, very briefly, the following case, which I believe to have been tape-worm.

On October 5th, visited Mrs. D., a stout and fleshy young woman, who had grown fat rapidly. She was suffering with intense paroxysmal pains in her stomach, as she informed me, recurring every fifteen minutes. She had a high fever, a densely furred tongue, and constipation. Prescribed

an active cathartic, to be followed by neutral mixture, and a combination of subnit. bismuth, and sulph. morph., alternating them.

On the 6th, found that the cathartic operated freely; the pain was mitigated for a few hours, but returned again in full force.

On the 7th, the fever had abated; the tongue commenced to clean; but the pain continued with the same intermitting symptoms.

I now began to suspect that it was neuralgia of the bowels (having before feared gastro-enteritis), and treated it for that disease, but with very slight alleviation. I did not see her again until the 9th, when I found her entirely free of fever, and the tongue nearly clean, but with a total loss of appetite. The pain, however, continued without any abatement, which she now referred to the umbilical region, and stated, that for two nights, she had "nearly choked to death," from "something rising in her throat." As she informed me, in reply to my questions, that she had, about a year before, passed "a white worm, about three feet long, and flat, and broken pieces about an inch long," I suspected another tape-worm. I therefore gave her the following: Pulv. pepo, ten drachms; ether. ext. filix mass, one drachm, made into an emulsion, of which she was to take one-fourth part every half hour, and to follow it by ol. ricini, one ounce; ol. terebinth., one drachm. It vomited her after the third drachm dose, and purged actively; but she saw no evidence of the worm. She was, however, entirely relieved of her pain, and her health has since been good, though she has lost some flesh.

Was it a tape-worm?

PERIODICAL URTICARIA.

TWO CASES FROM THE PRACTICE OF J. SCHNECK, M.D., MT. CARMEL, ILL.

THE two following cases, while they may not present anything new, may yet be worth recording; as this form of urticaria is so cursorily referred to in most of our text-books. They do not call the attention of the reader sufficiently to this type of the disease to put him on his guard, and many, therefore, have to learn the disease by experience at the bedside, much to the annoyance of themselves and patient; at least, such was my experience.

CASE I.—July 25, 1873, at 11 A. M., was called, in great haste, to see Mr. A. S., a blacksmith, aged twenty; medium height, stout and robust. On my way there, the father, who came after me, gave me the following history of the case:

The patient had been as well as usual, until about six o'clock that morning, when he began to feel a tingling and itching sensation on the limbs and body, which, when rubbed or irritated, would break out with a profuse eruption of wheals. This became so annoying that he had to stop work and go home, where he was given warm tea, and both his mother and sister set to work rubbing, to bring out the eruption freely. While this was being done, he was taken with a severe convulsion.

Upon my arrival I found him in his third convulsion, which was a very severe one, and the body and limbs almost entirely covered with wheals. I immediately gave him thirty drops of chloroform, in a teaspoonful of wa-

ter; and, as soon as the convulsive seizure was over, put him on compound spirit ether, one-half drachm every half hour, to prevent a return of the spasms.

Supposing the trouble to arise from some morbid accumulation in the stomach and bowels, I ordered a full dose of sulphate of magnesia. Visited him again at 2 P. M. and found he had had no more convulsions, and was feeling well as usual, but "very tired." The magnesia had operated freely.

Heard no more of him until the 27th, about 11 A. M., when I was again called in great haste; found him in very much the same condition. Again resorted to Hoffman's Anodyne, with like success in stopping the paroxysms, he having but one more after my arrival. Suspecting that it might be of a periodic type, ordered quinine, twenty grains, to be divided into five powders, and given every two hours, on the morrow. There being no return of the trouble, I ordered the same amount of quinine to be taken once a week, for several weeks, to prevent a recurrence. Has had neither chill or convulsions since.

CASE II.—Was called April 7th, 1873, about 9 A. M., to see Mr. Wm. M., civil engineer, aged twenty-three; below medium size, but generally healthy. Found him freely broken out with wheals on all parts of the body; also with slight fever, burning and itching sensation of the skin, which seemed to be almost intolerable. Directed warm teas, and a seidlitz pow-

der, to be repeated if necessary. Heard no more of him until the 9th, when I was again sent for, about 9 A.M.; was told that, in a few hours after my visit on the 7th, the eruption passed away, but came on that morning at the same time of day as on the 7th; found him in very much the same condition as two days previous. Ordered the warm teas again, and thinking it to be

of the periodical type, quinine was ordered. On the next day the eruption again passed away in a few hours, and has never returned since.

In both cases, the patient attended to his usual avocations on the well day.

In neither case could I find a cause in the ingesta, over-exertion, or a delicate skin.

Original Translations.

NOTES ON SYPHILIS.

Translated for THE EXAMINER, from Le Progres Medical of Sept. 27th, and Oct. 11th, 1873.

SYPHILITIC ULCERATIONS OF THE CERVIX UTERI.—Dr. A. Le Blond, in discussing these lesions, describes:

1st, *The Chancre*.—The soft variety is most frequently encountered in this location. The indurated sore, though actually observed, is regarded as of rare occurrence. M. Alphonse Guerin, though not denying the possibility of induration, considers that it can rarely be discovered by digital examination. M. Armand Despres, (on "Ulceration and Ulcers of the Cervix Uteri," Paris, 1869, p. 46) believes that induration never occurs in this situation; but this statement is contradicted by Ricord's observation of the fact, in a case where the cervix projected beyond the vulva. Soft chancres of the cervix are not only the more frequent, but are often succeeded by constitutional infection. They occur in the form of adherent ulcers, having a grayish base, irregu-

lar borders, and clean-cut edges, surrounded by a somewhat inflamed areola. They are generally multiple, almost always coalesce after a certain interval, and may become phagedenic. Bernutz (on "Syphilitic Affections of the Uterus," *Union Medicale*, 1855, p. 275) describes a variety of sore which he designates, "the diphtheritic chancre," characterized by a yellowish-gray secretion adherent to the base of the ulcer, and limited by projecting, red and clean-cut edges.

The same author describes a form of ulcerative chancre which is of rare occurrence. This species of sore invades the uterine cavity and excavates its tissues, very much as those ulcers of the male-sex, which encroach upon the canal of the urethra.

The chancre is habitually seated, not at the summit of the neck, as is the case with simple ulceration, but at a variable point, and principally, as M. Marjolin remarks, at the point

of union of the vagina and cervix. In certain cases, according to Bernutz and Courty, the chancre is found in the canal of the cervix, and dilatation is requisite for its discovery.

The characters herein assigned to the different varieties of chancres are liable to be lost after a certain interval; and then they may present the appearance of simple inflammatory ulceration, mucous condylomata, or vegetations, resting upon a slightly indurated base, which might lead to a suspicion of cancerous degeneration. In these cases, the march of the disease is the sole criterion for accurate diagnosis.

In certain cases, the chancrous inoculation occurs at a point where there has been previous inflammatory ulceration; the chancre then loses its distinguishing features; but the surface of the ulcer generally becomes somewhat grayish, soft and fungous.

2d, *Mucous Patches*.—The second species of syphilitic lesion, occurring at or near the cervix uteri, is the "mucous patch," which is distinguished by an elevation of the ulcerated surface above the level of the mucous membrane upon which it is seated, the latter being of a pearly-white color. One of the chief features of these lesions is their contagiousness. After persistence for a variable period, under the form here described, they ordinarily change their features, and are not to be distinguished from simple ulcers.—*For the Author's appendix to his translation of Churchill's Diseases of Women*. 2d edition.

SYPHILIS AND RACHITIS OF THE NEW BORN.—M. Parrot considers that there are three essential characters of fully developed rachitis: 1st, decalcification; 2d, formation of spongy tis-

sue; 3d, medullization. Decalcification affects all the bones, which become friable. The formation of spongy tissue presents the appearance of red granulations. Medullization occurs at the level of the spongy tissue, and in the case presented, affected the cartilaginous layer. If the cranium be examined, it will be found that the spongy tissue is in excess externally, in proportion as it is deficient internally. This fact gives us a point of departure from which we can proceed to distinguish the peculiarities of syphilitic bones in newly-born infants, and in those under one year of age.

Infants affected with this disease, have specific lesions of peculiar and different characters:

1st *Period*.—Very marked in children from one day to six weeks old. There is: (a) Exuberance of calcification at the extremities of the long bones; a chondro-calcareous zone, and peri-diaphyseal osteophyma, from about two-fifths to four-fifths of a line in thickness; (b) Gelatiniform degeneration of pre-existent tissues, involving both the cartilaginous and spongy portions. The bones are denser and more difficult of section than in normal conditions. The detachment of the epiphyses sometimes established, is not common to rachitis and syphilis.

2d *Period*.—Children from six weeks to several months old. (a) Occurrence of phenomena described above: osteophyma and gelatiniform degenerations; (b) Medullization and decalcification attack the primitive bone and the osteophyte. These modifications are well marked. There is, hence, a certain resemblance to rachitis, where these lesions are universally more pronounced. The *specificity* is

soon not to be distinguished; the toxæmia becomes less evident; an ordinary cachexia gradually results. For the purpose of diagnosis, the following summary of differential features is appended:

RACHITIS.	SYPHILIS.
Spongy tissue.	No spongy tissue.
Peripheric, spongy layers.	Layers of osteophytic bone.
Increase of diameter by formation of spongy tissue much less considerable.	Increase of diameter by osseous neoplastic layers marked: (Inferior extremity of humerus; middle portion of diaphysis of tibia.)
Medullization and decalcification, considerable.	Medullization and decalcification scarcely noticeable.
No gelatiniform degeneration.	Gelatiniform degeneration sufficient for detachment of epiphyses.

3d *Period*.—It is, at this time, difficult to establish a distinction. An intimate knowledge of the first two periods is requisite. The lesions connected with the first tend to disappear; those which are common to syphilis and rachitis become exaggerated. Spongy tissue is to be found more frequently at the periphery, and less often at the extremities. Subjoined is a table of differences:

RACHITIS.	SYPHILIS.
No osteophytic layers.	Osteophytic layers, with interposed medullary lacunæ.
Increase of diameter by formation of spongy tissues only.	Increase of diameter by osteophytic layers, and by spongy tissue.
Bones more flexible.	

Evidently, it is the primitive characteristics which persist, and which must be the foundation for diagnosis. These are wanting in those bones where osteophytic layers are not formed. On the other hand, these layers may be completely destroyed by medullization. In such cases, certain bones, at a point of election (inferior extremity of the humerus) would present a considerable increase in thickness. We have never met with such cases, but must admit, theoretic-

ally, that they might occur. The rachitis would doubtless soon mask the syphilis. The toxæmia gradually subsiding, would, by degrees, lose its external traces; it would be overpowered in the rachitic cachexia. This is a species of morbid transformation—of pathological hybridity. The syphilis has, in some way, summoned to its side the rachitis, which commenced by combining with it, and concluded by gradually absorbing it for its own use and profit.

ABSENCE OF LESIONS OF VISCERAL SYPHILIS IN CASE OF DEATH FROM PYÆMIA.—*Discussion*.—The patient, G., fifty-one years old, had had, in youth, symptoms of scrofulous disease of bones; typhoid fever and syphilis in 1868 (papular syphilides, mucous patches, iritis, traces of former ulceration of the neck).

A vegetating villous tumor, as large as an apple, whose pedicle was attached to the posterior lip of the cervix, was removed June 21, 1873, by M. Despres, with the ecraseur. Death occurred in consequence of septicæmia, June 28th.

Autopsy made thirty-six hours after death, revealed evidences of decomposition, excessive tumefaction of abdomen, and discoloration of integument, lungs, spleen, kidneys and liver, which were full of blood and friable. In the lungs, numerous metastatic abscesses were found, but none in the liver.

The noticeable fact in the case was, that the woman, though syphilitic five years before, presented no hepatic cicatrices. The capsule of Glisson was intact, and the surface of the liver polished and smooth.

In the vesico-uterine cul-de-sac, about 150 grammes of a sero-puru-

lent liquid were discovered. The posterior wall of the womb was somewhat thickened, and, on section, the orifices of the uterine sinuses, widely opened, gave issue to a thick and creamy pus. The wound produced by the removal of the epithelioma, exhibited pits, from which, also, some drops of pus could be expressed.

The left cervico-vaginal pouch was thickened, indurated, and united with the neighboring cellular tissue; the uterine vessels, which were prolonged into this altered mass, were injected with pus. On the right side, the conditions were normal.

M. Despres remarked: The facts of this case are negative as regards the lesions of visceral syphilis; but I have recently had occasion to examine the body of a non-syphilitic patient, which presented numerous cicatrices of the liver, consecutive to the resorption of several hydatid cysts of that organ.

M. Charcot.—Such facts prove nothing as against the doctrines of visceral syphilis. The question rests precisely where *M. Despres* found it. It can always be objected, and with reason, that syphilis is fortunately not fatally injurious to the viscera; and, on the other hand, this should not invalidate the claim of other cases, in which a distinctive influence has been brought to bear upon the hepatic gland. The influence of syphilis in the production of exostoses is undeniable; and yet such lesions are not invariably discovered after death. This mode of reasoning is, therefore, extremely open to criticism.

M. Despres.—I insist upon the existence of a unity of facts which, when added to other unities, has the effect of a demonstration. Once, the dis-

covery of hepatic cicatrices was sufficient to establish a diagnosis of *antemortem* syphilis. Cases have even been cited where cicatrices existed two years after the initial chancre. Medical belief seems about to return to these evident exaggerations. In the same way, every hypertrophy of the spleen, found under analogous circumstances, is claimed to be syphilitic. Now, the present case demonstrates the absolute falsity of these assertions, since the spleen is not enlarged.

M. Landouzy.—This last fact has not all the importance assigned to it by *M. Despres*. Because splenic hypertrophy is of diagnostic value in syphilis, it does not follow that a normal volume of that organ is proof positive against the existence of constitutional syphilis.

In *Frerichs*, *Leudet*, and *Lancereaux* there are reported twenty-eight cases of splenic hypertrophy in adults, manifestly syphilitic. In twenty-seven of these, the hepatic lesions were constant, profound, and classified as follows: Retraction, deformity, cicatrices, nodosities and cirrhosis. Cases of syphilitic megalosplenia, coincide, then, with internal lesions of the liver; the second seem to command the first, as, in the drunkard's liver, and the cardiac liver, the splenic hypertrophy succeeds to the disturbance of the hepatic circulation.

If splenic enlargement has a certain value in syphilis, it certainly does not seem proper to argue anything from its absence; since we may have cutaneous, osseous, or visceral lesions of syphilis, without splenic complication, this organ appearing, generally, to become implicated only when profound and extended lesions

of the liver seriously derange the portal circulation.

M. Charcot.—The question is to be decided, not by discussion, but by facts. Does M. Despres admit the anatomical specificity of the syphiloma, or of the gummy tumor of the liver? I have often discovered, in the parenchyma of the liver, lesions corresponding to the descriptions of Virchow and Wagner. The question of cicatrices is different. These may be the result of retrogressive hydatid cysts, traumatic injury, and even, according to Virchow, of atrophic cancer. The diagnosis must necessarily be difficult; but it does not result that we must reject the possibility of gummy tumors of the liver, because every hepatic cicatrix is not necessarily of syphilitic origin.

M. Despres.—In an anatomical

point of view, the so-called syphilomata are not to be distinguished from the lesions of lymphadenia and tuberculosis; and this is avowed by Virchow, who cites appropriate cases. In the majority of cases reported by M. Lancereaux, we discover the simultaneity of pulmonary tubercles. The question, then, arises: Is not the so-called syphiloma of the liver a tuberculous manifestation, or, rather, an evidence of modified syphilis in a tuberculous subject? I deny, absolutely, the existence of gummy tumors of the liver as specific products.

The president of the Anatomical Society (M. Charcot), closed the discussion by inviting its members to return with facts either substantiating or disproving the position taken by M. Despres. J. N. H.

Editorial Department.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

AT the regular meeting of the Society, held on Monday evening, January 12th, the following memoranda of cases in the Surgical Ward of Mercy Hospital was presented from the Committee on Hospital Reports:

CASE I.—Necrosis of femur; operation, after application of elastic bandage.—The patient, a boy, twelve years of age, had had necrosis in lower half of femur for two years; general health good. The limb was bandaged firmly, from the toes to the upper third of

thigh, and tied around at top of bandage, firmly, with five coils of heavy rubber tubing of about half an inch exterior diameter. The elastic bandage was then removed, the limb appearing perfectly blanched. Prof. Andrews then proceeded to operate, removing several small sequestra without any appreciable loss of blood.

The elastic ligature was now removed, causing, for a few moments some oozing of blood from the wound. At the same time a somewhat singular phenomenon occurred, which was the

appearance of a bright scarlet flush, from the toes up to the line of the ligatures, about as bright as in scarlatina. This lasted about ten minutes, and then faded away to the natural color of the skin.

CASE II.—*Amputation of middle finger at metacarpal articulation.*—Desiring to avoid hæmorrhage, and not having the elastic bandage or tubing on hand, the limb was raised to a perpendicular position, and the blood pressed out by vigorous stroking of the limb downward. The tourniquet was then applied, and the amputation performed with but little loss of blood.

CASE III.—*Fractures of Pelvis.*—A case of fracture through the middle of the crest of left ilium downward into the ischiatic notch; patient recovering without any appearance of dangerous symptoms. No especial treatment, but rest in a recumbent position.

Another case of fracture of pelvis was recently discharged from the hospital, recovery having taken place without any unfavorable symptoms supervening. The experience of Prof. Andrews goes to show that these cases usually make good recoveries when the viscera are not wounded.

CASE IV.—*Pott's Disease of Neck.* The case is being treated by the application of a brass armor, so to speak, moulded from a plaster cast of the neck and shoulders, taken with the head strongly flexed backwards.

CASE V.—*Empyema from gun-shot wound treated by drainage tubing.*—Is gaining flesh and strength, and in fair way to recover. Suppurative discharge is suppressed by daily injections of sol. carbolic acid, ten grains to the ounce.

Strictures of the Urethra.—Some cases under treatment.—Prof. Andrews usually treats by internal section, and subsequent frequent use of bougie. The most convenient instrument for very tight strictures is probably Maisonneuve's stricture-cutter. Owing to its delicacy of construction, however, it is constantly getting out of repair.

The clinical lecture on Delirium Tremens, which we print in another department of the present number of THE EXAMINER, was also presented to the Society from this Committee, and called forth considerable discussion from the members.

Dr. Andrews remarked that he had just operated upon two additional cases of necrosis, the elastic bandage being applied as before described, and with the effect of completely preventing hæmorrhage; and, also, much facilitating the operation, by the bloodless condition of the parts.

Dr. Owens brought in, for the inspection of the Society, a boy about fifteen years of age, whose left arm had been amputated at the shoulder by the passing over it of a car-wheel. Some loose flaps of skin, and a projecting edge of the clavicle were trimmed off, and the arm dressed—the car-wheel making as clean and smooth an amputation as a surgeon could have done. No hæmorrhage took place after the accident, and the parts healed rapidly, leaving a good stump.

F. H. D.

TO SUBSCRIBERS.—During the past month, bills for the current year's subscription have been sent out to all who had failed to send in their renewals. Most of these have been responded to with gratifying promptness, and with a large list of new sub-

scribers. THE EXAMINER enters upon another year of assured success and prosperity. THE EXAMINER has never been published as a speculation, or as a money-making enterprise. All the income received from it is spent upon it, and, generally, somewhat more. Just as fast, therefore, as our subscription list increases, we are enabled to enlarge and improve the character of our issues. If our subscription list was double, we should double the size of our issues. There is no reason why this should not be done. It is a matter of personal interest to every one of our friends and subscribers. Let each one but try a little and obtain a few new subscribers for us in his neighborhood, and it will quickly be accomplished.

F. H. D.

OBITUARY. — DR. S. W. BUTLER, widely known to the profession as the editor and proprietor of the *Philadelphia Med. and Surg. Reporter*, died at his residence, in Philadelphia, on the 6th of Jan., of phthisis pulmonalis.

For over twenty years Dr. Butler had been engaged in editorial and literary work, in connection with the *Medical Reporter*, the *Half-Yearly Compendium*, and the other publications of his office.

The *Medical Reporter*, under his management, has become one of the leading and most successful periodicals of the country.

These publications will be continued, under the charge of Dr. D. G. Brinton, who has been for some time connected with, and assisting in, their management.

Correspondence.

SOME FACTS IN REGARD TO PRIVATE MEDICAL PRACTICE IN NEW ORLEANS.

TO THE EDITORS OF THE MEDICAL EXAMINER — *My Dear Sirs:*— After some deliberation, I have come to the conclusion that some facts in regard to private medical practice in New Orleans will prove interesting to your readers. I have, therefore, determined that this shall be the subject for my first letter, reserving for future letters the discussion of hospitals and hospital experiences, medical institutions, societies, and other matters of general interest to our profession.

As in all large cities, a group of statistics which only represents the results of observations personal to a single practitioner, must be understood to possess but small claim to our confidence as exhibiting such results as would be shown if the aggregate statistics of the city could be studied. They also differ, even yet more widely, from the statistics gathered under the personal observation of other individual practitioners, according as the circumstances surrounding each may determine differ-

ent results. It becomes, therefore, necessary for me to say, in the beginning of my letter, that the surroundings of my patients are as favorable for successful results as can be obtained in any part of this city. My practice is almost wholly confined to the fourth, or "garden," district of the city, and yet is sufficiently central to afford very nearly, if not quite, as great a degree of exemption from the influence of swamp-poison as is found in the diseases of the most thickly populated portions of the town. With scarcely an exception, my patrons are in circumstances of life which enable them to procure everything necessary to the recovery and comfort of the sick. I am called at the earliest moment after development of attacks of sickness, and feel altogether unrestrained in regard to the amount of service I am to render to my patients. I am, therefore, governed on this point solely by my own ideas of expediency and propriety.

From the 1st of January, 1873, to date, I have prescribed for over eleven hundred patients in private practice. The exact enumeration on my visiting-list is nine hundred and forty-two; but, as this list is only kept for my convenience in rating my fees, it is far from representing the actual number of patients prescribed for. In all instances where more than one member of a family were sick at the same time, the name of the head of the family, and one number, were used to indicate all the services rendered. During the summer and autumn, dengue was epidemic; and, in many instances, whole families would be ill at the same time; I am, therefore, quite sure that eleven hundred is a reasonable estimate of the number of patients treated.

If we admit the correctness of this latter estimate, the deaths have been precisely one per cent. I wish now to call attention more particularly to these eleven deaths, with especial respect to their causation.

On January 30th, a girl aged eighteen years, who had visited the city for the purpose of participating in the festivities usual to that season, was suddenly seized with a chill. For the twenty-four hours ensuing, she refused to allow her friends to call in medical aid, assuring them that it was but an ordinary chill, returns of which she had frequently suffered in the intensely malarial region where she resided, and which she was in the habit of treating with domestic remedies. On the afternoon of the 31st, I was asked to see her. The first glance at the patient revealed the nature of her disease. An insufferable cephalalgia provoked incessant moans; the head was drawn backwards, and the hyperæsthesia—especially of the legs—caused her to scream with pain at every attempt to move them. The first steps of treatment looked to the subtraction of the malarial complication. Quinine, in ten grain doses, was given every fourth hour. At the same intervals, but at different hours, one-half grain of morphia, and one-fourth grain of extract of belladonna were given. The remedies were continued through the night; but neither sleep, nor respite from pain, was procured. On the morning of the 1st of February, one of the most skillful practitioners was requested to assist me in the further treatment of the case. This gentleman had just treated one or more cases of cerebro-spinal meningitis with chloral hydrate, and was quite pleased with its effects.

Accordingly, it was agreed to give the patient fifteen grains every half hour, until sleep resulted. Immediately after the third dose had been exhibited, we returned, in order to observe its effects. The patient expressed herself as being freer from pain than at any time since her attack. While very carefully noting her symptoms, we detected a slight intermittency of the pulse, with an occasional pause between the acts of respiration. Although these symptoms were so little marked that they might readily have escaped an investigation less critical than that which was instituted, they still clearly conveyed to my mind indications of commencing effusion. I awoke the patient from a slumber into which she had, for the first time, fallen, in order to determine if she was becoming comatose. She replied to my inquiries without hesitation, stating that she felt better; was sure that she could sleep; and that on my morning visit I would find her better. Within the following hour her friends observed that her breathing was less audible, and had hardly time to gather around her bed to witness a death as quiet as it was instantaneous. Was this death due to a sudden drowning of vital tracts of the cord, by a rapid effusion? or, did the chloral have anything to do in determining it?

This is the only case of cerebro-spinal meningitis which has occurred in my private practice during the present year.

The second death occurred, also, on the 1st of February, from tubercular meningitis. It was in the case of a female child, aged twenty-two months, and had been brought here from Iowa by its parents, one of whom had

been ordered to a Southern climate on account of tubercular disease.

The third death occurred on the 25th of February, in the person of a public official, from chronic dysentery. This man was sixty-three years old, and had led a very irregular life. Although, as you are aware, chronic dysentery is far more common in this climate than yours, my experience has brought me to believe that, in this city at least, it is rare, except as resulting from uncured acute attacks, occurring in the country, or from excessive use of alcoholic drinks.

The fourth death took place on the 21st of June; a man aged sixty-five; of chronic gastritis, of long standing.

The fifth and sixth deaths took place on September 3d and 28th, and were returned as having been due to congestion. Both were children between four and five years of age. The first was the son of a physician. He began to complain on the second day of September, with symptoms which were supposed to denote gastric, or intestinal derangement. On the 3d of September I saw him in the forenoon, and found him somnolent and lethargic. When aroused, he replied to questions, and took the drinks which were offered him, swallowing them without difficulty, relapsing immediately into a state of quiet stupor. In the early part of the night, one or two convulsions occurred, and death speedily followed, preceded by complete coma. I presume that such a clinical history in your latitude would be interpreted to denote effusion, either from a tubercular or syphilitic diathesis, or from traumatic causes. Here, we have constantly to keep in view the fact that our atmosphere is liable to become the medium of trans-

mission of certain specific poisons, capable of producing "congestions," with all their varied phenomena. The parents, and other children of this family, are perfectly free from any diathetic taint, and so, also, no doubt, was the little patient himself. He had spent the previous summer in the country, where he was exposed to malaria. Then, again, within the ten days prior to his death, a fatal case of yellow fever had occurred, on the same street, and but a few doors from his residence. While we admit the fact that it is often impossible to assert a differential diagnosis between some cases of malarial fever, and some cases of yellow fever, previous to death, there are *post-mortem* changes of surface here so uniformly taking place in yellow fever, that we generally hold that death is due to some other cause, if the body does not become yellow after death. This *post-mortem* change did not take place with the little child.

The next death was in the person of a merchant, sixty-two years of age, whose heavy pecuniary losses and misfortunes had harassed him to an unusual degree. He awoke at three o'clock at night, complaining of great difficulty of breathing. I saw him at half past three, and found him propped in a sitting posture on the bed, with a scarcely perceptible pulse, cold surface, and a very rapid accumulation of secretion in the bronchial tubes. Death occurred in less than two hours. In making an official return of the death, I ascribed it to cardiac angina, leaving the question of structural disease unmentioned. Unless some evidence of organic disease is otherwise afforded, death from angina is not strictly positive proof of its existence.

The eighth death was from aneurism of the descending aorta, with pressure upon the left bronchus. A few slight hæmorrhages occurred about a month before death, which, however, were due to asthenia from continual pain and interruption of the functions of the lungs and heart. The subject was a merchant, fifty-nine years of age.

The next fatal case was one of chronic diarrhœa, in the person of a merchant, fifty-five years old, who had lived intemperately for some years of his life.

Then, on the 6th of December, a German, aged sixty years, died of cirrhosis of the liver. He died comatose, without any interruption of function, in any emunctory, sufficient to justify a diagnosis of the cause of the coma. Is there a condition of blood-poisoning entitled to the designation of choleræmia? If so, does it possess symptoms so distinctive that the disease may possess a clinical history, and prove capable of diagnosis?

The eleventh death took place on the 7th of December, and was due to phthisis pulmonalis. This patient was a worthy and well-to-do negress, aged fifty years. This is certainly not a good climate for consumptives. Perhaps, we may say, with Bowditch, that it is too low—too close both to a river-bed and to the sea-level. But, while I say, quite positively, that the climate is not a good one for consumptives—meaning by this that they do not do well when the disease is already developed—further observation is required to satisfy me that the disease originates here in a ratio to other diseases, as great as is observable at the North.

I have now given you, very frankly, the fatal cases of a year's practice. If it should meet with your approval, I will, in my next, give you an equally candid account of my successes, more

especially in acute cases, as, for example, pneumonia, and the essential fevers.

MEDICUS MERIDIONALIS.

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Gleanings from Our Exchanges.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS. I

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From the London Lancet, Jan., 1874.

A LLEGED VACCINAL SYPHILIS.—I have no hesitation in announcing myself a firm believer in the occurrence of true vaccinal syphilis. I have satisfied myself clinically that it does occur. At the same time, I am quite sure that very many cases to which this designation is applied are in reality only instances of latent hereditary syphilis, excited by the vaccination, and in which the vaccination cannot in any way be fairly blamed for the occurrence of the syphilis. The cases which simulate true vaccinal syphilis are, however, often very successful counterfeits; and a difficulty in disproving that the vaccination itself conveys the syphilitic poison to the attacked, arises oftentimes from the inability to get at any history of syphilis in the parent or parents. The latter naturally try to shift upon vaccination the blame which they should bear themselves. The following case illustrates some of these points in a very admirable manner. It counterfeited vaccinal syphilis; but careful inquiry elicited the fact that the child had no doubt been fully syphilized before it had been vaccinated, and that the vaccination only *excited* the outbreak of the eruption. The father blamed the vaccination, conveniently as it turned

out; for no doubt he had infected his wife just after marriage with syphilis. The case is as follows:

Dr.—brought me a little child, aged one year and two months, with the statement that it had a rash all over it; and that the friends persisted in attributing it to vaccination. The child was vaccinated at three months and a half old; the rash appeared subsequently at the seat of the vaccination, in the first instance, and gradually spread over the body. The rash, suffice it to say, was both papular and tubercular, and consisted of little neoplastic formations of various sizes, some tending to ulcerate and to crust. The child was delicate when I saw it; but it is said to have been well until three months old, when it "had a bad cold, and got out of sorts."

The mother accompanied the child, and on inquiry I learned that this child is the only one she has living; that she has been married five years; that she had a miscarriage when three months gone in the family-way; that an exactly similar mishap was repeated after a while; that then she was prematurely delivered of a still-born child at the seventh month; that this was followed by another miscarriage at three months; and that subsequently the present child was born.

But, further, two months after her marriage she suffered from sores just inside the labia, and was treated for these for some time by caustic, etc. Recently she has lost all her hair, has suffered from violent headaches and deep-seated pains in the bones; the throat has been very sore, and her voice has been altered.

Remarks.—At first sight the case might readily have been regarded as one of vaccinal syphilis; but then there was this consideration to be attended to, that the vaccine vesicles healed up in the usual way, and did not themselves become chancrous or abnormally indurated, nor did they ulcerate. The syphilitic rash was at once excited around the inflamed part, and did not behave, *quoad* development, like a secondary rash. But when the history of the mother was inquired into, all doubt as to the source of the syphilization of the child was at an end. The syphilitic poison had been introduced into the mother's system just after marriage, and the child, as it seemed, exhibited its operation upon him just before the date of vaccination, viz.: when the child was three months old, in the commencement of cachexia, and in the presence of "snuffles." The pyrexia attending the vaccinia favored the development of the latent syphilis. The case is of considerable interest in relation to the question of vaccinal syphilis, and is one that might readily be mistaken for the latter by a careless observer. Happily in this case the source of the syphilis was more than usually plainly indicated.

ON CLEFT PALATE.—T. P. Pick, Esq., records (St. George's Hospital Reports) eleven cases of this defect, with an account of the operation in each. In connection with the subject of hæmorrhage, Mr. Pick says a free amount of bleeding, during the operation, is rather a favorable symptom than otherwise; that in those cases where the bleeding is free, union will be found much more perfect than where the parts are anæmic

and bleed more slightly. The hæmorrhage, he adds, is rarely so excessive as to produce any serious effect, either on the union of the wound or the health of the patient. Mr. P. does not favor the early operation, but believes it advisable to delay cutting as long as possible; *i. e.*, "as long as there is no fear of the child's acquiring defective articulation." Silk sutures were used for the soft palate, and silver for the hard, Mr. P. thinking the former more manageable than any other, more easily introduced, more readily secured, and much less likely to slip. He uses a perfectly pure silk, plaited, instead of the ordinary twist. He allows the sutures to remain for eight days, and, except in a single instance, when one of them produced a little irritation, has found no inconvenience from them. The after-treatment consists in giving as much *fluid* nourishment as the patient will take, with a fair allowance of wine, Mr. P. believing that, to obtain good union, it is of the first importance to keep up the patient's strength.—*Amer. Practitioner.*

DEVELOPMENT OF CANCER OF THE SKIN.—(*Amer. Jour. of Syph. and Derm., from Virchow's Archiv*). According to Carmalt, who has examined three carcinomatous tumors of the skin, the epithelium of the hair follicles is the point of departure of the cancerous growth, which throws some light upon the cause of cancer of the skin. Fuhrer states that frequent and rough shaving is apt to produce cancer of the skin on the face. Out of 50 or 60 cases of cancer of the lip and cheek, occurring, recently, in the Breslau Pathological Institute, only two were in women, and not one case among men with unshaved beards. Carmalt supports the view of Waldeyer and others, regarding the historical origin of cancer, that every cancerous growth originates in the epithelial elements of the part, which opposes Virchow's views, that the cancer-cells are the equivalents of connective tissue corpuscles.—*Boston Med. and Surg. Jour.*

Book Reviews.

Books received through Jansen, McClurg & Co., Chicago.

THE Principles and Practice of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S., Fellow of Royal College of Physicians, Professor of Medical Jurisprudence and Chemistry in Guy's Hospital, etc. Second edition. Two vols. Philadelphia: Henry C. Lea, 1874.

This new edition of Dr. Taylor's well-known work on medical jurisprudence is one of the most complete and reliable treatises on this subject in our language. It is in two moderate-sized octavo volumes, bound in cloth. If you were to find any fault, it would be that some of the chapters are too diffuse, and enter into unnecessary details.

We wish, however, that every practitioner in America would procure this, or some other good work on the subject, and read it carefully. Almost every physician is liable, at some time, to be called into court as a witness; and nowhere else has our profession suffered more discredit in the estimation of the public than on the witness-stand.

In this work of Dr. Taylor's can be found not only the facts and laws pertaining to medical jurisprudence, but also all necessary rules for the guidance of practitioners in the investigation of cases and the giving of testimony.

N. S. D.

A Handbook of the Theory and Practice of Medicine. By Frederick T. Roberts M.D., M.R.C.P., Fellow of the University College, Assistant Physician and Assistant Teacher of Clinical Medicine at University College Hospital, etc., etc. Philadelphia: Lindsay & Blakiston, 1874.

This is a neatly-printed volume of 1,052 pages, designed to contain a

resume of practical medicine, in a concise and convenient form, for the use of students as a text-book. The author's style is clear, plain, concise, and methodical. He has overhauled all the topics usually included in works on practical and clinical medicine; and, though many of them are treated very briefly, yet, as a whole, the work presents a very fair digest of the prevalent views concerning special pathology and therapeutics. The publishers have not embellished it with any wood-cuts, or other illustrations.

N. S. D.

Transactions of the Twenty-third Anniversary Meeting of the Illinois State Medical Society. Held at Bloomington May 20th and 21st, 1873. Chicago: Fergus Printing Company, 1873.

The volume of Transactions of the Annual Meeting of our State Medical Society, held last May, has finally made its appearance. It is a goodly volume of 268 pages, published in excellent style. Indeed, it has the best mechanical appearance of any volume heretofore published by the Society. It also embodies the first attempt to present, along with each paper, a report of the discussions thereon. The effort appears to have been reasonably successful, and has certainly added much to the value of the work. We notice no less than *eleven* of those complimentary speeches — addresses of welcome, and replies thereto — which is rather too many, even if they were admitted to be good.